

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

Gregory A Muller

CLERK MURKIN
RECEIVED
SEP 6 2016
191

SEP 6 2016

(In the space above enter the full name(s) of the plaintiff(s).) AT 8:30 M
WILLIAM T. WALSH, CLERK

- against -

Sussex County Social Services

COMPLAINT

Jury Trial: Yes No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name
	Street Address
	County, City
	State & Zip Code
	Telephone Number

Gregory A Muller
144 Spring St
Clinton, Sussex, Newton
New Jersey 07860
973-521-0076

B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Sussex County Social Service
 Street Address 83 Spring St,
 County, City Sussex, Newton
 State & Zip Code New Jersey 07860

Defendant No. 2

Name Daniella LaStarza
 Street Address 83 Spring St,
 County, City Sussex, Newton
 State & Zip Code New Jersey 07860

Defendant No. 3

Name Karen Adam
 Street Address 83 Spring St
 County, City Sussex, Newton
 State & Zip Code New Jersey 07860

Defendant No. 4

Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. There are four types of cases that can be heard in federal court: 1) Federal Question - Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case; 2) Diversity of Citizenship - Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case; 3) U.S. Government Plaintiff; and 4) U.S. Government Defendant.

A. What is the basis for federal court jurisdiction? (check all that apply)



Federal Questions



Diversity of Citizenship



U.S. Government Plaintiff



U.S. Government Defendant

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? Ongoing Violation of federal Laws Against Me with disiblitys, ADA Rights

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? Sussex County
Welfare Agency

B. What date and approximate time did the events giving rise to your claim(s) occur? 6/23/16 to present

C. Facts: My Medical diagnosis which have disability
were intentionally ignored see Attached Letter
to the Director of DFD

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Not Known

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

Force them to follow their state and federal laws, in regard to me receiving welfare benefits as I have the proper documentation deem unemployed.

I want Manthey to Ass't Unemployment Rate of 210^{ce} monthly and retro payments. Also 6 month extension on having Ass't with Back Rent Payments from the 23rd of May till present. of 800^{ce} monthly totaling 2,400. Also the back G.A Ass't payment about 600^{ce}. Mainly for them to follow their policies. Also compensatory damages.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 30 day of August, 20 16.

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

E-mail Address

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint.

Signature of Plaintiff: